MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03234

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY ST. Marys MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ST. Marys |
| CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge; LENGTH OF STAY (in this place) Life | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural give location) Rural |

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Carroll (Last) Briscoe

4. DATE OF DEATH: (Month) 3 / (Day) 10/ (Year) 1953

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 5/6/ 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Lee

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: John R. Carroll - Ridge, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 4 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General arteriosclerosis — 6 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1953, to March 10, 1953, that I last saw the deceased alive on March 9 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE P J Bean (Degree or title) MD ADDRESS Quest Mills Md DATE SIGNED 3/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/14/53 NAME OF CEMETERY OR CREMATORY ST. Peters Cemetery LOCATION (City, town, or county) (State) Ridge, Md.

DATE REC'D BY LOCAL REGISTRAR March 12/53 REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

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T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03235

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Rural
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital Leonardtown, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Carberry

4. DATE OF DEATH: (Month) March (Day) 14th (Year) 1953

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9 Sept., 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Carberry

14. MOTHER'S MAIDEN NAME: Josephine Chisely

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Leona Smallwood, Leonardtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause 592X (a) Cerebral Hemorrage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension

DUE TO (c) Arteriosclerotic Chronic Interstitial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1952, to 3-14, 1953, that I last saw the deceased alive on March 14 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Francis Fitzgerald M.D. (Degree or title) ADDRESS Leonardtown Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-17-53

NAME OF CEMETERY OR CREMATORY Our Lady's Cemetery

LOCATION (City, town or county) (State) Medley's Neck, (RFD), Md.

DATE REC'D BY LOCAL REGISTRAR 3/16/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS P.B. Robinson, Leonardtown, Maryland.

VS. 15

RECEIVED
MAR 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03236

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DAMERON
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DAMERON
STREET ADDRESS (If rural give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) SPENCER (Last) DAMERON

4. DATE OF DEATH: (Month) 3 / (Day) 12 / (Year) 53 19

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 8/ 23 / 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL STORE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS L. DAMERON
14. MOTHER'S MAIDEN NAME: AMANDA RALEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: J. ALLEN DAMERON - DAMERON, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of prostate — Interval Between Onset And Death 6 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: Sept. 1952
19b. MAJOR FINDINGS OF OPERATION carcinoma of prostate
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While at Work ☐ none
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Sept., 1950, to March, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at home 9:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Lexington Park, Md. ADDRESS DATE SIGNED 3/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 3/16/53
NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery
LOCATION (City, town, or county) (State) Ridge, Md.

DATE REC'D BY LOCAL REGISTRAR March 12/53
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 16 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03237

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE South Carolina — COUNTY Lexington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Columbia
STREET ADDRESS (If rural give location) 418 Barrow Street ✓

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Earhart

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 3-9-53

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 2 — Min. 19

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Patuxent River, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Brady Earhart

14. MOTHER'S MAIDEN NAME: Myrl Marie Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father Patuxent River, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776

Immediate cause (a) Prematurity — Interval Between Onset And Death: 2 hrs 19 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1044 3-9-53 from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. P. KEITH LTJG MC USN Infirmary, Patuxent River, Md. 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-10-53

NAME OF CEMETERY OR CREMATORY EBENEZER CEMETERY

LOCATION (City, town, or county) (State) GREAT MILLS MD.

DATE REC'D BY LOCAL REGISTRAR 3-9-53

REGISTRAR'S SIGNATURE P J Beane, MD

24. FUNERAL DIRECTOR ADDRESS Robert B. Earhart, Father. Patuxent River

213328240 Local Registrar

RECEIVED
MAR 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

03238

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN PatuxentRiver
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE So. Carolina — COUNT Lexington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Columbia
STREET ADDRESS (If rural give location) 418 Barrow Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) EARHART

4. DATE OF DEATH: (Month) Mar. (Day) 9 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 3-9-53

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 3, Min. 10

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Patuxent River, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Brady EARHART

14. MOTHER'S MAIDEN NAME: Myrl Marie Holland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father Patuxent River, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity — Interval Between Onset And Death: 3 hrs.10 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1135 3-9-53 from the causes and on the date stated above.

SIGNATURE M. P. KEITH (Degree or title) LTJG MC USN ADDRESS Infirmary, Patuxent River, Md. DATE SIGNED 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-10-53 — NAME OF CEMETERY OR CREMATORY EBENEZER CEMETERY — LOCATION (City, town, or county) GREAT MILLS (State) MD.

DATE REC'D BY LOCAL REGISTRAR 3-9-53 — REGISTRAR'S SIGNATURE P.P. Beane, M.D. Local Registrar

24. FUNERAL DIRECTOR Robert B. Earhart, Father. — ADDRESS

VS. 115 (7)

2133285240

RECEIVED
MAR 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 02239 282

1. PLACE OF DEATH:
COUNTY ST. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ST. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Avenue
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Francis (Last) Gatton
4. DATE OF DEATH: (Month) 3/ (Day) 11/ (Year) 19 53

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10/ 16/ 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Petter H. Farrell
14. MOTHER'S MAIDEN NAME: J. Alice Morgan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Mrs. J.A. Joy - Avenue, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 1 mo

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerotic CV disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Mar 11, 1953, that I last saw the deceased alive on Mar 11, 1953, and that death occurred at 9:05 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) J Roy Luther, MD ADDRESS Mechanicsville Md DATE SIGNED 3/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/14/53
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Bushwood, Md.
DATE REC'D BY LOCAL REGISTRAR 3/13/53
REGISTRAR'S SIGNATURE Carnalier
24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DENIED

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: St. Marys; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown; LENGTH OF STAY (In this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS: ST. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Great Mills; STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Robert; (Middle) --; (Last) Hughley, Jr.

4. DATE OF DEATH: (Month) 3/ (Day) 15/ (Year) 1953

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3/ ?/ 1921

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Hughley, Sr.

14. MOTHER'S MAIDEN NAME: Lillar L. Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Robt. Hughley, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture of both legs.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway (CITY OR TOWN): Leighton Park (COUNTY): St. Marys (STATE): Md

TIME OF INJURY (Month) 3 (Day) 14 (Year) 53 (Hour) 4:50 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Not by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Leighton Park Md DATE SIGNED: 3/16/53

23. BURIAL, CREMATION REMOVAL (Specify): Transportation — DATE THEREOF: 3/17/53 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Tuskegee, Alabama.

DATE REC'D BY LOCAL REG. 3/16/53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: P.B. Robinson, Leonardtown, Md.

MAR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY St. Marys MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. Marys Hospital | STREET ADDRESS (If rural, give location) Rural |

3. NAME OF DECEASED (Type or Print) (First) Augusta (Middle) Virginia (Last) Jenkins

4. DATE OF DEATH (Month) 3 / (Day) 31 / (Year) 1953

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months / Days | If under 24 hrs. Hours / Min. |
|---|---|---|---|---|---|---|
| female | white | widowed | 1 June 1873 | 79 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Virginia | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Richard Peed | Sarah J. Ramy |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | ---- | Mrs. Helen F. Alvey - Compton, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Gastrointestinal hemorrhage | 3 d. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Congestive hepatomegaly | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic CV disease c̄ decompensation

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| | | |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Mar, 1950, to Mar, 1953, that I last saw the deceased alive on 31 Mar, 1953, and that death occurred at 2 30 p m., from the causes and on the date stated above.

SIGNATURE Roy Guyther, MD (Degree or title) ADDRESS Mechanicsville Md DATE SIGNED 4/1/53

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 4/3/53 | Ephesus Cemetery | Foneswood, Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 4-2-53 | Camalier | P.B. Robinson - Leonardtown, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 752

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY St Marys MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Minn. COUNTY Stearns |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 1 day | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Cloud |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital | STREET ADDRESS (If rural give location) 224 3rd ave South |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) E (Last) Kollmann | | | 4. DATE OF DEATH (Month) Mar (Day) 14 (Year) 1953 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 21 1888 | 9. AGE last birthday 64 yrs. | If under 1 year Months 7 Days 12 — If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Nick Kinzer | | | 14. MOTHER'S MAIDEN NAME Mary Schmidt | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — | | 16. SOCIAL SECURITY No. 4 6 26-9680 | 17. INFORMANT Peter Kollmann | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Heart failure, acute

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarct

(c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) 3 (Day) 14 (Year) 53 (Hour) 6 55 p.m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 3 10, 1953, to 3-14, 1953, that I last saw the deceased alive on 3-14, 1953, and that death occurred at 6 55 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robert T. Thibodeau | T.D. | Lexington Park Md | 3-15-53 |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar. 19, 1953 | NAME OF CEMETERY OR CREMATORY Calvary | LOCATION (City, town, or county) St. Cloud | (State) Minn. |
| DATE REC'D BY LOCAL REG. 3/15/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Jos. E. Mattingly | ADDRESS Leonardtown - Md | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03243

# CERTIFICATE OF DEATH

Reg. Dist. No. 287

**1. PLACE OF DEATH:**
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary USNAS Patuxent River, Maryland

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons Island Maryland
STREET ADDRESS (If rural, give location) Quonset No. 326 B

**3. NAME OF DECEASED: (Type or Print)** (First) Steven (Middle) Robert (Last) LAWRENCE

**4. DATE OF DEATH:** (Month) March (Day) 13 (Year) 19 53

**5. SEX:** Male

**6. COLOR OR RACE:** Caucasian

**7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):** Single

**8. DATE OF BIRTH:** 3-10-53

**9. AGE last birthday:** yrs. IF UNDER 1 YEAR Months 2 Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired):

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** United States

**13. FATHER'S NAME:** Larry David LAWRENCE

**14. MOTHER'S MAIDEN NAME:** Joan Fallon HUMPHRIES

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No.
(If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Father, Solomons Island Maryland

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

762.0
Immediate cause (a) Respiratory Failure — Interval Between Onset and Death:
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Atelectasis — 54 hours
DUE TO
(c)

**II. OTHER SIGNIFICANT CONDITIONS:**
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☒ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 235 A.....m., from the causes and on the date stated above.

SIGNATURE L.F. Herrmann (DEGREE OR TITLE) CDR MC USN ADDRESS NAS Patuxent River, Maryland DATE SIGNED

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial
DATE THEREOF 3-16-53
NAME OF CEMETERY OR CREMATORY Holy Face Cemetery
LOCATION (City, town, or county) (State) Great Mills, St Marys Md.
DATE REC'D BY LOCAL REG. 3-15-53
REGISTRAR'S SIGNATURE P.J. Bean, M.D.
**24. FUNERAL DIRECTOR** Larry David Lawrence ADDRESS Solomons ~~Island~~ Md.

2033192373

VS-115 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05241

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

1 PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) RFD 2

3 NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) (Last) Richtenberg

4. DATE OF DEATH: (Month) Mar (Day) 15 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec 28 1866
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Herman H. Bosse Mechanicsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death 2 d

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Non-toxic goiter

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Mar 14, 1953, that I last saw the deceased alive on Mar 14, 1953, and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE Roy Gaither (Degree or title) MD ADDRESS Mechanicsville DATE SIGNED 3/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 18-1953
NAME OF CEMETERY OR CREMATORY Pine Freeman
LOCATION (City, town, or county) Charlotte Hall (State) Md
DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MAR
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

03245

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Holly Wood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Mae (Last) Mattingly

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 23, 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months — Days 28 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Grant Wallace
14. MOTHER'S MAIDEN NAME: Rose Elizabeth Redman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: James H. Mattingly Holly Wood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 3 yrs

DUE TO

(c) Hypertension — 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to March, 1953, that I last saw the deceased alive on March 21, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. ADDRESS Leonardtown DATE SIGNED 3/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mch 26-1953
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Holly Wood (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 3/24/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05246

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Hortense (Last) Mattingly

4. DATE OF DEATH: (Month) Mch (Day) 16 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Mch 18-1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 11 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dominick Hayden
14. MOTHER'S MAIDEN NAME: Catharine Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Miss Bessie Mattingly Leonardtown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia Hypostatic
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Age & myocarditis
DUE TO
(c) Arterial Sclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

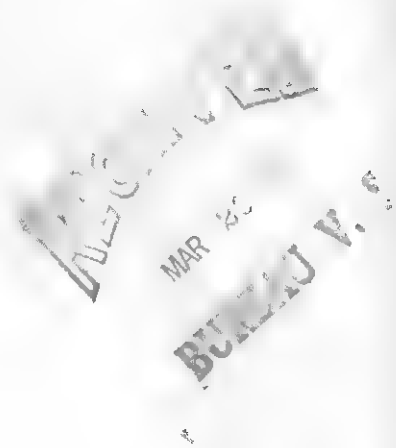
22. I hereby certify that I attended the deceased from Mar 10, 1948, to Mar 16 1953, that I last saw the deceased alive on 3-15 1953, and that death occurred at 11.00 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) F F Greenwell Md
ADDRESS Leonardtown Md
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mch 19-1953
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) Leonardtown (State) Md
DATE REC'D BY LOCAL REGISTRAR 3/18/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos C. Mattingly
ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03247

# CERTIFICATE OF DEATH

Reg. Dist. No. 792

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 2 1/2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Eugene (Last) Miles
4. DATE OF DEATH: (Month) Mch (Day) 29 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov 22-1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 4 Days 7 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Paul Miles
14. MOTHER'S MAIDEN NAME: Elizabeth Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: John Paul Miles Leonardtown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0

Immediate cause (a) Diarrhea + Enteritis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malnutrition. DUE TO

(c)

Interval Between Onset And Death: 10 days; 4 mo

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 ..., to 3-29-53 19 only, that I last saw the deceased alive on 3-29-53, 19 ..., and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Patrick MD. ADDRESS Lexington Pk Md. DATE SIGNED 3-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mch 30-1953
NAME OF CEMETERY OR CREMATORY Our Lady's chapel
LOCATION (City, town, or county) Medley's Neck (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 3-30-53
REGISTRAR'S SIGNATURE Frank Camalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md.

20X2310403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 ... 03248

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 34 hrs 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural give location) R F D # 2

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Pamplee (Last) Russell

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 7 1892
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 10 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tent Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Robert Russell
14. MOTHER'S MAIDEN NAME: Ellen M. Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Alice Russell Compton R F D # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(c) Over eating

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1953, to 3-29, 1953, that I last saw the deceased alive on 3-29, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. A. Rosenwald, M.D.
ADDRESS Leonardtown Md
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 1-53
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3-31-53
REGISTRAR'S SIGNATURE F. C. Camalier M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St. Mary's County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Great Mills)
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills, Md.
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Thomas (Last) SPENCER

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Cau.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 17 June, 1930

9. AGE last birthday: 22 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph H. Spencer

14. MOTHER'S MAIDEN NAME: Mabel Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 235-36-8520

17. INFORMANT AND ADDRESS: Joseph H. Spencer, father, Great Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia — Interval between onset and death: minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest — "

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN) Great Mills — (COUNTY) St. Mary's — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 21 53 1:40 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? auto turned over on deceased

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Leighton Park, Md. DATE SIGNED 3/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF: 3-21-53
NAME OF CEMETERY OR CREMATORY: Monta Vista Cemetery
LOCATION (City, town, or county) (State): Bluefield, West Virginia

DATE REC'D BY LOCAL REG. 3/24/53
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: P.B.Robinson, Leonardtown, Md.
ADDRESS

RECEIVED
MAR 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

13250

282

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: California
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: California
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) James (Middle) --- (Last) Thomas

4. DATE OF DEATH: (Month) 3/ (Day) 25/ (Year) 1953

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/1/ 1886

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: farm tenent

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Thomas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Bertley Thomas -6870 Oxon Hill Rd. Wash. D.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Congestive Heart failure | 6 mos. |
| 450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized Arteriosclerosis | 10 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948, 19..... to Mch 25, 1953, that I last saw the deceased alive on Jan 5, 1953, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE: Wm H. Patrick (Degree or title: M.D.) ADDRESS: Lexington Park, Md. DATE SIGNED: 3-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/28/53 — NAME OF CEMETERY OR CREMATORY: Holy Face Cemetery — LOCATION (City, town, or county) (State): Great Mills Md.

DATE REC'D BY LOCAL REG. 3/27/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Md.

RECEIVED
MAR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03251

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY Saint Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NAS Patuxent River
LENGTH OF STAY (in this place) Three days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS, Patuxent River, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY King
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seattle
STREET ADDRESS (If rural, give location) 4200 11th Ave. N. E.

3. NAME OF DECEASED: (Type or Print) (First) Christopher (Middle) Coffmann (Last) Wheatley

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Caucaian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 22 January 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Paul Wheatley
14. MOTHER'S MAIDEN NAME: Beverly Coffmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: U. S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

754.6

Immediate cause (a) Congenital heart disease, transposition of great vessels — Six weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 7 March, 1953, and that death occurred at 1135 P.m., from the causes and on the date stated above.

SIGNATURE R. R. Hansen (DEGREE OR TITLE) LTJG MC USNR ADDRESS Patuxent River, Md. DATE SIGNED 8 March 1953

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify): DATE THEREOF 3-11-53 NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetery LOCATION (City, town, or county) Ft. Meyer, (State) Va.

DATE REC'D BY LOCAL REG. 3-9-53 REGISTRAR'S SIGNATURE P. J. Bean, M.D. Local Registrar

24. FUNERAL DIRECTOR x Chambers, ADDRESS Wash. D.C.

2013322395

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 11 1953
BUREAU V. S.